

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030261

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

368

FILED AUG 27 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

RFD #2, Jackson

Length of stay in 1b

6 years

c. FULL NAME OF (If NOT in hospital, give location)

2 Miles Northwest

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY

Jackson

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RFD # 2

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

ROBERT

Middle

GEORGE

Last

SMITH

## 4. DATE OF DEATH

Month

Aug

Day

19

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

Nov 10, 1907

## 9. AGE (last birthday)

61

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

Baking

## 11. BIRTHPLACE (City and state or country)

Alton, Illinois

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Steven Smith

## 13b. MOTHER'S MAIDEN NAME

Carolyn Woefel

## 14. NAME OF HUSBAND OR WIFE

Mary Owens Smith

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

N/A

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mary Owens Smith, RFD 2, Jackson, Mo

## 18. CAUSE OF DEATH (Enter only one cause per line)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

did not attend him

and last saw him after death

## Death occurred at

6:00 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

E.F. McDonald, MD

(Degree or title)

## 22b. ADDRESS

Jackson, Mo.

## 22c. DATE SIGNED

8-21-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug 21, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Marys

## 23d. LOCATION (City, town, or county)

Cape Girardeau, Missouri

## (State)

## 24. FUNERAL DIRECTOR

J.M. Boudinot

## ADDRESS

Jackson, Mo

## 25. DATE RECD. BY LOCAL REG.

8-25-62

## 26. REGISTRAR'S SIGNATURE

Jenna Kaster

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

b160

20160

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90-0

13

1-0

SEP 11 1962

APR 2 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*H. C. Cunniff*

Licensed Embalmer No.

*4327*

P. O. Address

*Indianapolis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.